

**SPM #7 (#13): Percent of children, ages 2-4, who are overweight.**

**Relationship to Priority Need(s):** The percent of children, ages 2-4, who are overweight, relates directly or indirectly to three of Wisconsin's Priority Needs, specifically #3 - Child Care, #4 - Family and Parenting, and #9 - Early Prenatal Care. This was chosen as a state performance measure because it directly relates to one of the 11 health priorities in *Healthiest Wisconsin, 2010*, Wisconsin's state health plan, "Overweight, Obesity, and Lack of Physical Activity."

Summary of Trends in Growth for Wisconsin Children ages < 5 Years		
Year	Number	≥ 2 Years Overweight (≥ 95 <sup>th</sup> Percentile)
2002	48,993	11.8
2001	47,489	11.3
2000	46,650	11.4
1999	47,584	10.1
1998	52,186	10.1
1997	55,828	10.1
1996	57,370	9.7
1995	57,724	9.3
1994	55,382	8.9

Source: CDC 2002 PedNSS Summary of Trends in Growth and Anemia Indicators by Race/Ethnicity, Children Aged < 5 Years, run date 07/03/03.

a) Report of 2003 Major Activities

**1. MCH, WIC, and PNCC Services—Enabling Services—Pregnant women, adolescents**

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight have been undertaken by several LPHDs through the performance based contracting system. These efforts included promoting breastfeeding, the formation of nutrition coalitions, addressing food security and education targeted to young families.

**2. Wisconsin WIC Program—Population-Based Services—Children over the age of 2, including CSHCN and their families**

The MCH Program provided funding for five mini-grants to increase Public Health Nutrition Leadership in the implementation of the two nutrition-related health priorities. From these five mini-grants, 30 local nutrition coalitions have been formed or expanded. Their efforts during 2003 have been focused on increasing community awareness of the nutrition issues, including childhood overweight, and moving the communities to action.

**3. Wisconsin WIC Program—Infrastructure Building Services—Children under 5 years of age, including CSHCN and their families**

WIC nutritionists participated in a statewide videoconference training on the revised CDC growth charts for children which included the use of BMI and its interpretation. The 2003 WIC and Nutrition conference featured sessions on motivational negotiation to promote behavior change and a keynote speaker from the Ellyn Satter Institute to share current information on childhood overweight.

The DPH was awarded a CDC grant to develop a statewide N&PA Program to prevent overweight, obesity and related chronic diseases. Through WINPAW, planning efforts were begun to address the issue of overweight and obesity in Wisconsin. This program has also working closely with the DPI programs (Team Nutrition) to reach school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

b) Current 2004 Activities

**1. Statewide Breastfeeding Activities—Population-Based Services—Pregnant, post-partum and breastfeeding women, their infants, children, including CSHCN and their families**

The Wisconsin DPH was awarded a United States Department of Agriculture, Food and Nutrition Services grant to implement a social marketing campaign called Using Loving Support to Build a Breastfeeding-Friendly Community. Breastfeeding has been recognized by the CDC as a promising strategy to prevent overweight in children. The plan is currently being implemented and includes activities in the areas of mobilizing staff, client and family education, public awareness, health provider outreach and community partnership-building.

**2. Walk, Dance, Play Initiative—Population-Based Services—Women, children, and their families**

During the spring of 2004 the Wisconsin Nutrition Education Network's Walk, Dance, Play... Be Active Everyday campaign will be implemented statewide. The Network consists of public health nutrition consultants from MCH and WIC as well as other community partners. The campaign promotes behavior change through healthy food choices and increased physical activity, targeted to parents/caregivers of children who will then be role models of healthy lifestyle choices for their children.

**3. Wisconsin WIC Program—Infrastructure Building Services—Children, including CSHCN and their families**

The Wisconsin WIC program is currently revising its counseling and referral guidelines for WIC certification and secondary nutrition education to incorporate the latest information to address childhood overweight. In addition, the annual WIC and Nutrition conference in June 2004 will highlight the results of the MCH Public Health Nutrition Leadership mini-grants which focused on coalition building at the local level to provide support to and to implement interventions for issues such as childhood overweight.

**4. Statewide Nutrition and Physical Activity Program—Infrastructure Building Services—Children, including CSHCN and their families**

The DPH, Nutrition Section, is leading the efforts outlined in the CDC grant to address overweight, obesity and other chronic diseases. This grant provides for staffing a state level N&PA Program with three staff (program coordinator, nutrition coordinator and physical activity coordinator), the development of a state plan, and

evaluation plan and to implement a nutrition and physical activity intervention. The N&PA Program is also collaborating with other chronic disease programs, DPI, and CSHP.

c) 2005 Plan/Application

For the 2005 performance based contracting process, LPHDs will be provided with sample objectives/ interventions related to childhood overweight to allow them to focus efforts on this emerging public health issue.

Through the CDC N&PA grant, there will be dedicated staff at the state level to provide technical assistance to LPHDs and communities who are implementing interventions targeted to reducing childhood overweight. The state plan for addressing overweight will be released in the spring of 2005 and widely distributed to all partners and interested parties to serve as a guiding document in this focus area.

The DPH will continue to work closely with its internal partners to coordinate interventions and resources, with CSHP, ECCS initiative, DPI, and other partners through WINPAW.